

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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This space for office use only

Section 1

1. Savitt Guardians
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

4101 Satin Leaf CT
Mailing Address of Business
Delray Beach, FL 33445
City State Zip Code

3. Florida County of principal place of business: Palm Beach County
(see instructions if more than one county)

FEI Number: _____

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Savitt Elizabeth S
Last First M.I.
4101 Satin Leaf CT
Address
Delray Beach FL 33445
City State Zip Code

2. _____
Last First M.I.

Address

City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____
Entity Name

Address

City State Zip Code
Florida Document Number _____
FEI Number: _____

2. _____
Entity Name

Address

City State Zip Code
Florida Document Number _____
FEI Number: _____

☐ Applied for ☐ Not Applicable

☐ Applied for ☐ Not Applicable

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath.

[Signature] 1/7/11
Signature of Owner Date

savittguardians@GMAIL.com
E-mail address: (to be used for future renewal notification)

Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes ☒ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50